| PATENT APPLICATION FEE DETERMINATION RECORD                                                                                                                                                                                                                                                                                                                                                                     |                                                |                                           |                                                                          |                                   |                     |                               |         |                     | Application or Docket Number |                            |                       |                        |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|--------------------------------------------------------------------------|-----------------------------------|---------------------|-------------------------------|---------|---------------------|------------------------------|----------------------------|-----------------------|------------------------|--|
| Effective December 8, 2004                                                                                                                                                                                                                                                                                                                                                                                      |                                                |                                           |                                                                          |                                   |                     |                               |         |                     | 0                            | 10 574200                  |                       |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                | CLAIMS A                                  | (Column 1) (Column                                                       |                                   |                     | Column 2)                     |         | SMALL ENTITY TYPE   |                              | OTHER THAN OR SMALL ENTITY |                       |                        |  |
| U.S. NATIONAL STAGE FEES                                                                                                                                                                                                                                                                                                                                                                                        |                                                |                                           |                                                                          |                                   |                     |                               |         | RATE                | FEE                          | <b>1</b>                   | RATE                  | FEE                    |  |
| BASIC FEE                                                                                                                                                                                                                                                                                                                                                                                                       |                                                |                                           | SMALL ENT. = \$ 150                                                      |                                   | LARG                | SE ENT. = \$ 300              | 1       | BASIC FEE           |                              | OR                         | BASIC FEE             | 300                    |  |
| EXAMINATION FEE                                                                                                                                                                                                                                                                                                                                                                                                 |                                                |                                           | Satisfies PCT Article 33(1)-<br>(4) = \$ 50 / \$ 100                     |                                   |                     | her situations = 100 / \$ 200 |         | EXAM. FEE           |                              | 1                          | EXAM. FEE             | 200                    |  |
| SEARCH FEE .                                                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                           | U.S. is ISA = \$ 50 / \$ 100<br>ALL other countries =<br>\$ 200 / \$ 400 |                                   |                     | her situations = 250 / \$ 600 |         | SEARCH FEE          |                              |                            | SEARCH FEE            | 490                    |  |
| FEE FOR EXTRA SPEC. PGS.                                                                                                                                                                                                                                                                                                                                                                                        |                                                |                                           | minus 100 =                                                              |                                   |                     | / 50 <b>=</b>                 |         | X \$ 125 =          |                              |                            | X \$ 250 =            |                        |  |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                                                                                                                         |                                                |                                           | 33 min                                                                   | nus 20 =                          | · 13                |                               |         | X \$ 25 =           |                              | OR                         | X \$ 50 =             | 650                    |  |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                                                                                                                                                              |                                                |                                           | 5 m                                                                      | inus 3 =                          | • 6                 | ?                             |         | X \$ 100 =          |                              | OR                         | X \$ 200 =            | 400                    |  |
| MUL                                                                                                                                                                                                                                                                                                                                                                                                             | TIPLE DEPEN                                    | DENT CLAIM PRI                            | ESENT                                                                    |                                   |                     |                               |         | + \$ 180 =          | •                            | OR                         | + \$ 360 =            |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2                                                                                                                                                                                                                                                                                                                                        |                                                |                                           |                                                                          |                                   |                     |                               | TOTAL   |                     | OR                           | TOTAL                      |                       |                        |  |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                                                                                    |                                                |                                           |                                                                          |                                   |                     | - <u>-</u>                    | SMALL E | NTITY               | OR                           | OTHER<br>SMALL E           |                       |                        |  |
| AMENDMENT A                                                                                                                                                                                                                                                                                                                                                                                                     | 3-31-06                                        | CLAIMS<br>REMAINING<br>AFTER<br>AMENOMENT |                                                                          | HIGH<br>NUMI<br>PREVIO<br>PAID    | BER<br>DUSLY        | PRESENT<br>EXTRA              |         | RATE                | ADDI-<br>TIONAL<br>FEE       | •                          | RATE                  | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                 | Total .                                        | * 33                                      | Minus ,                                                                  | <b>"</b> ?                        | 3                   | = /                           |         | X \$ 25 =           |                              | OR                         | X \$ 50 =             | 1.                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                 | Independent                                    | • 5                                       | Minus                                                                    | *** {                             | 5                   | - /                           |         | X \$ 100 =          |                              | OR                         | X \$ 200 =            |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                 | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                                                                          |                                   |                     |                               |         | + \$ 180 =          |                              | OR                         | + \$ 360 =            | 7                      |  |
| •                                                                                                                                                                                                                                                                                                                                                                                                               |                                                |                                           |                                                                          |                                   |                     |                               |         | TOTAL ADDIT.<br>FEE |                              | OR                         | TOTAL ADDIT           |                        |  |
| (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                           |                                                                          |                                   |                     |                               |         |                     |                              |                            |                       |                        |  |
| AMENDMENT B                                                                                                                                                                                                                                                                                                                                                                                                     |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                                                          | HIGHI<br>NUME<br>PREVIO<br>PAID I | EST<br>BER<br>OUSLY | PRESENT<br>EXTRA              |         | RATE                | ADDI-<br>TIONAL<br>FEE       |                            | RATE                  | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                 | Total                                          | •                                         | Minus                                                                    | **                                |                     | Ė                             |         | X \$ 25 =           |                              | OR                         | X \$ 50 =             |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                 | Independent                                    | •                                         | Minus                                                                    | ***                               | •                   | •                             |         | X \$ 100 =          |                              | OR                         | X \$ 200 =            |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                 | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                                                                          |                                   |                     |                               | ·       | + \$ 180 =          |                              | OR                         | + \$ 360 =            |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                |                                           |                                                                          |                                   |                     |                               |         | TOTAL ADDIT.<br>FEE | ·                            | OR                         | TOTAL ADDIT.<br>FEE : |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                 | •                                              |                                           | . •                                                                      |                                   |                     |                               |         |                     |                              |                            |                       |                        |  |
| * if the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".  The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1. |                                                |                                           |                                                                          |                                   |                     |                               |         |                     |                              |                            |                       |                        |  |